

A 49 year-old male presented with dry chronic cough attacks since six month. The results of physical examination were unremarkable. Chest computed tomography revealed extensive mass at the level of the subcarinal area, around the right main bronchus, and endobronchial lesion in the right main bronchus (Figure 1). Mediastinoscopic and flexible bronchoscopic examination revealed right tracheobronchial lymphadenopathy, small nodular lesions in the right main bronchus, and irregular mucosal thickening on the carina (Figure 2). Microscopic finding of the biopsy specimens showed non caseating granuloma, which were compatible with sarcoidosis (Figure 3). The patient is followed up uneventfully with medical treatment.

Sarcoidosis is a multisystemic disease, characterized by noncaseating granulomas, [1]. The first case of endobronchial sarcoidosis was described by Benedict and Castelman in 1941 [2]. The Endoscopic findings in sarcoidosis: erythema, edema, network of capillary ectases, granularity, irregular mucosa thickening, macro and micro nodules in mucosa, bronchial and tracheal stenosis, distortions, tractions, and polypoid lesions [2,3]. If the patients have these findings, the pulmonologist must be conscious of the probability of affecting the great airways in sarcoidosis.

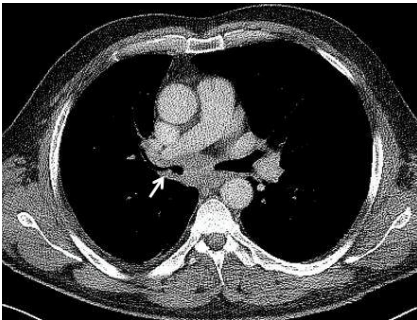


Figure 1. Chest computed tomography revealed extensive mass at the level of the subcarinal area, around the right main bronchus, and endobronchial lesion in the right main bronchus (White arrow).



Figure 2. Flexible bronchoscopic examination revealed small nodular lesions in the right main bronchus, and irregular mucosa thickening on the carina.

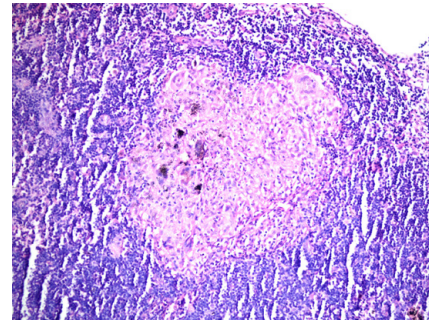


Figure 3. Non caseating granuloma is showing in biopsy specimens (H&E, x200).

References

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